

Compliance with Medical Practice Act Reporting Requirements  
2006

To: Nevada State Board of Medical Examiners

Re: In-office Surgical Procedures from January 1, 2006, through December 31, 2006

From: Dr. \_\_\_\_\_

License no.: \_\_\_\_\_

Business name: \_\_\_\_\_

Address: \_\_\_\_\_  
(street or P.O. Box)

\_\_\_\_\_  
(city, state, zip code)

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Print Name

**FORM A**

All licensed physicians in Nevada, both M.D.s and D.O.s, are required by law, Chapters 630 and 633 of the Nevada Revised Statutes, to report to their respective licensing boards annually all in-office surgeries that require the use of conscious sedation, deep sedation or general anesthesia, and the reporting of any sentinel event arising from any such surgery.

This requirement applies to all surgical procedures performed in-office or any other facility, EXCEPT at a medical facility as that term is defined in NRS 449.0151, i.e., a surgical center for ambulatory patients or a hospital, among many others, or surgeries performed outside the state of Nevada.

This annual report includes:

- (1) The number and type of surgeries in which conscious sedation is used.

Conscious sedation means a minimally-depressed consciousness, produced by a pharmacologic or non-pharmacologic method, or a combination thereof, in which the patient retains the ability independently and continuously to maintain an airway and to respond appropriately to physical stimulation and verbal commands.

- (2) The number and type of surgeries in which deep sedation is used.

Deep sedation means a controlled state of depressed consciousness, produced by a pharmacologic or non-pharmacologic method, or a combination thereof, and which is accompanied by a partial loss of protective reflexes and the inability to respond purposefully to verbal commands.

- (3) The number and type of surgeries in which general anesthesia is used.

General anesthesia means a controlled state of unconsciousness, produced by a pharmacologic or non-pharmacologic method, or a combination thereof, and accompanied by partial or complete loss of protective reflexes and the inability independently to maintain an airway and respond purposefully to physical stimulation or verbal commands.

- (4) Surgeries that include a sentinel event.

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof, including, without limitation, any process variation for which a recurrence would carry a significant chance of serious adverse outcome. The term includes loss of limb or function, and includes any case in which the patient requires hospitalization within 72 hours after the conclusion of the in-office procedure.

**THIS REPORT IS CONFIDENTIAL AND NOT SUBJECT TO SUBPOENA OR DISCOVERY,  
AND NOT SUBJECT TO INSPECTION BY THE GENERAL PUBLIC**

Failure by a licensee to submit a report or to knowingly file a report containing false information constitutes grounds for initiating disciplinary action against said licensee.

This report must be submitted to your licensing board by 31 January of each year for the previous year's procedures.

1. In-office procedures requiring conscious sedation

Type of procedure:	Number:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. In-office procedures requiring deep sedation

Type of procedure:	Number:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. In-office procedures requiring general anesthesia

Type of procedure:	Number:
<hr/>	<hr/>
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Reportable sentinel events in office-based surgery facilities

**Reportable sentinel event**

1. Death that is related to a procedure or surgery that takes place in the office setting or within 14 days of discharge.
2. Transfer to a hospital or emergency center for a period exceeding 24 hours.
3. Unscheduled hospital admission for longer than 24 hours, within 72 hours of an office procedure and which is related to that procedure.
4. Other serious events: A serious or life-threatening event, occurrence or situation in the office setting, involving the clinical care of a patient that comprises patient safety and results in unanticipated injury requiring the delivery of additional health care services to the patient. These events include, but are not limited to, the following examples:
  - surgery performed on the wrong body part
  - surgery performed on a wrong patient
  - wrong surgical procedure performed on a patient
  - unintentional retention of a foreign object in a patient after surgery or other procedure
  - perforation or laceration of a vital organ
  - serious disability associated with a medication error
  - serious disability associated with a burn incurred from any source
  - serious disability associated with equipment malfunction
  - anesthesia-related complication/event, such as: anaphylaxis, shock, prolonged hypoxia, hypertensive crisis, malignant hyperthermia, severe hyperthermia, renal failure, aspiration, severe transfusion reaction and unanticipated anesthesia awareness
  - cardiac or respiratory complication/event, such as cardiac arrest, respiratory arrest, myocardial infarction, prolonged life-threatening arrhythmia, pneumothorax, pulmonary embolism
  - neurological complication/event, such as CVA, prolonged seizure, prolonged unresponsiveness, significant nerve injury, coma, paralysis, brain or spinal injury
  - infectious complication/event, such as septic shock, deep site wound abscess/infection
  - fracture or dislocation of bone or joints

**Adverse incident report should include the following information:**

1. Brief narrative description of the adverse event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Date of procedure(s): \_\_\_\_\_
3. Date and time of adverse event: \_\_\_\_\_
4. Specialty of the physician(s) performing procedure(s): \_\_\_\_\_
5. Type of anesthesia: \_\_\_\_\_
6. Anesthesia provider title:  
    \_\_\_\_\_ MD Anesthesiologist  
    \_\_\_\_\_ CRNA  
    \_\_\_\_\_ MD performing procedure  
    \_\_\_\_\_ RN  
    \_\_\_\_\_ Other
7. Patient age: \_\_\_\_\_
8. Patient gender: \_\_\_\_\_
9. Was patient transferred to a hospital?  
    \_\_\_\_\_ Yes  
    \_\_\_\_\_ No
10. Outcome (example: death, loss of function): \_\_\_\_\_  
\_\_\_\_\_
11. Action plan: Brief summary of the lessons learned and description of the corrective action(s) taken or to be taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_